

WEMMH PTO/SB/22 (7/05)

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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) | RECEIVED CENTRAL FAX CENTER OCT 20 2005 |
| FY 2005 | | 7320-146 | |
| (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)). | | | |
| Application Number | 09/939,081 | Filed | August 24, 2001 |
| For | WIRELESS COMMUNICATION TECHNIQUES | | |
| Art Unit | 2681 | Examiner | Erka A. Gary |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | <u>Fee</u> | <u>Small Entity Fee</u> | |
| <input checked="" type="checkbox"/> One month [37 CFR 1.17(a)(1)] | \$120 | \$60 | \$ 60.00 |
| <input type="checkbox"/> Two months [37 CFR 1.17(a)(2)] | \$450 | \$225 | \$ _____ |
| <input type="checkbox"/> Three months [37 CFR 1.17(a)(3)] | \$1020 | \$510 | \$ _____ |
| <input type="checkbox"/> Four months [37 CFR 1.17(a)(4)] | \$1590 | \$795 | \$ _____ |
| <input type="checkbox"/> Five months [37 CFR 1.17(a)(5)] | \$2160 | \$1080 | \$ _____ |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | | |
| <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23-3030</u> . I have enclosed a duplicate copy of this sheet. | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| I am the <input type="checkbox"/> Applicant/inventor. | | | |
| <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.171. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/98). | | | |
| <input checked="" type="checkbox"/> Attorney or agent of record. Registration Number: <u>28,309</u> | | | |
| <input type="checkbox"/> Attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a): _____ | | | |
| _____ Signature | | October 20, 2005 Date | |
| Thomas Q. Henry Typed or Printed Name | | 317.634.3456 Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below. | | | |
| <input type="checkbox"/> *Total of _____ forms are submitted. | | | |

WEMMH #44057 (Rev. 7/05)